

FILED MAR 3 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5581 State File No. 5323

BIRTH NO. _____		REG. DIST. NO. 156		PRIMARY REG. DIST. NO. 200P		Registrar's No. 77	
1. PLACE OF DEATH a. COUNTY JASPER				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jasper			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JOPLIN		c. LENGTH OF STAY (In this place) Lifetime		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JOPLIN		3	
d. FULL NAME OF HOSPITAL OR INSTITUTION Rural R#3, New Addition				d. STREET ADDRESS (If rural, give location) Rural Route #3, New Addition			
3. NAME OF DECEASED (Type or Print)		a. (First) PAUL CHESTER BRYANT		b. (Middle)		c. (Last)	
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH 1-12-1915	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Plastering		11. BIRTHPLACE (State or foreign country) JOPLIN, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME W. H. Bryant		13b. MOTHER'S MAIDEN NAME Angie Church		14. NAME OF HUSBAND OR WIFE Dorothy F. Bryant, R#3, JOPLIN, Mo			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Unknown		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Dorothy F. Bryant, R#3, JOPLIN, Mo			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gastric Carcinoma ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) with metastasis. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 15				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Dec 30, 1948, to 1-23, 1949, that I last saw the deceased alive on Jan 23, 1949, and that death occurred at 1 P. m., from the causes and on the date stated above.							
23a. SIGNATURE A. L. Crawford		(Degree or title) M.D.		23b. ADDRESS Misses Bldg. JOPLIN, Mo.		23c. DATE SIGNED 1-25-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1-26-49		24c. NAME OF CEMETERY OR CREMATORY Osborne		24d. LOCATION (City, town, or county) (State) JOPLIN, MISSOURI	
DATE REC'D BY LOCAL REG. 2-12-49		REGISTRAR'S SIGNATURE 138		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS PARKER-HUNSAKER MORTUARY, JOPLIN, MO			

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Signed _____

F. M. Jones

Signed _____
Student Embalmer

Licensed Embalmer No. *2319*

P. O. Address *Josephine Mrs.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.